

## 2007 NHAP PRECEPTOR TRAINING REGISTRATION FORM

### SECTION I

**PLEASE PRINT CLEARLY IN INK OR TYPE**

|                                      |                           |   |                    |
|--------------------------------------|---------------------------|---|--------------------|
| NAME (LAST )                         | (FIRST)                   | (MIDDLE)  | NHA LICENSE NUMBER |
| ADDRESS (STREET AND NUMBER)          | (CITY)                    | (STATE)   | (ZIP CODE)         |
| HOME TELEPHONE NUMBER                | BUSINESS TELEPHONE NUMBER | SOCIAL SECURITY NUMBER * (See Required Information) |                    |
| FACILITY NAME                        | FACILITY TELEPHONE NUMBER | FACILITY FAX NUMBER                                 |                    |
| FACILITY ADDRESS (STREET AND NUMBER) | (CITY)                    | (STATE)   | (ZIP CODE)         |

### SECTION II

**Which address do you want your Preceptor correspondence sent to?** ☐ Home ☐ Facility ☐ Other (Complete below)

|                             |        |         |            |         |
|-----------------------------|--------|---------|------------|---------|
| ADDRESS (STREET AND NUMBER) | (CITY) | (STATE) | (ZIP CODE) | (PHONE) |
|-----------------------------|--------|---------|------------|---------|

**Which address/phone would you prefer to be on the Preceptor Public List?** ☐ Home ☐ Facility ☐ Other (Complete below)

|                             |        |         |            |         |
|-----------------------------|--------|---------|------------|---------|
| ADDRESS (STREET AND NUMBER) | (CITY) | (STATE) | (ZIP CODE) | (PHONE) |
|-----------------------------|--------|---------|------------|---------|

### SECTION III

**CHECK APPROPRIATE BOX THAT SPECIFIES AT THE TIME OF THIS APPLICATION WHY YOU QUALIFY AS A PRECEPTOR DEFINED IN HEALTH AND SAFETY CODE 1416.57**

- ☐ Have an active administrator license in California and have served at least two years as the designated administrator of a licensed California nursing home. Not on probation, have no disciplinary actions pending, and the facilities overseen have/had a continuous operating history free from major deficiencies during my tenure.
- ☐ Have an active administrator license in California and have served at least four years as the designated Assistant Administrator of a licensed California nursing home. Not on probation, have no disciplinary actions pending, and the facilities overseen have/had a continuous operating history free from major deficiencies during my tenure.

### SECTION IV

Since you last renewed your license, have you been convicted of or pled nolo contendere to any violation of any law in any state, the United States or a foreign country? You must disclose all misdemeanor and felony convictions (including but not limited to civil, welfare, health and safety vehicle or penal code convictions) and any conviction that has been dismissed (under section 1203.4 of the penal code.) ☐ Yes ☐ No

The NHAP has my current facility and address information on file (If not, you must submit a NHA Profile Sheet with this application).  
☐ Yes ☐ No

### SECTION V

**TRAINING SESSION YOU WISH TO ATTEND:** ☐ 2/23/07 (Sacramento, CA) ☐ 11/09/07 (Sacramento, CA)  
**\*Final Filing Date 1/24/07** **\*Final Filing Date 10/9/07**  
**Registration must be postmarked by Final Filing Date**

### REQUIRED INFORMATION TO ATTEND PRECEPTOR TRAINING

#### DID YOU REMEMBER TO

- ☐ Include check or money order for **\$100.00** payable to the Nursing Home Administrator Program (NHAP) (\$75.00 certification fee and manual, and a \$25.00 application fee.)

*I understand that false or misleading answers are grounds for automatic denial of my application. I also understand that if my application is denied, I will not be allowed to attend the preceptor training and NHAP will notify me in writing. **All fees paid are non-refundable.** I acknowledge that the foregoing information on this application is accurate, true and correct.*

SIGNATURE OF APPLICANT

DATE

Please submit Preceptor Training Registration form with a check or Money Order (\$100) make payable to NHAP on or before the Final Filing Date to:

**NHAP**  
P.O. Box 997416, MS 3302  
Sacramento, CA 95899-7416

## HOW TO COMPLETE THE APPLICATION FOR PRECEPTOR TRAINING

- SECTION I Complete this section. All information requested is required.
- SECTION II Complete this section. Indicate the specific address information.
- SECTION III Check the appropriate box that qualifies you to participate in the training.
- SECTION IV Check the appropriate box indicating response for conviction statement and NHA Profile Sheet.
- SECTION V Check the box indicating which training session you plan to attend. Sign and date the form

## IMPORTANT INFORMATION

- \* Registration and fees must be postmarked by final filing dates for processing (See Section V). Applications received after the postmarked date will be denied. Fees submitted are **non-refundable**.
- \* 6 hours of continuing education credit will be granted for attending the Preceptor Training.
- \* Preceptor certificates must be renewed every three (3) years from issuance date.

## REQUIRED INFORMATION

\*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code section 17520, subdivision (d), the Department of Health Services (DHS) is required to collect social security numbers from all applicants for nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 *et seq.* Failure to provide your social security number will result in the return of your application. Your social security number will be used by DHS for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

## REGULATIONS THAT GOVERN THE NURSING HOME ADMINISTRATOR PROGRAM

Health and Safety Code, Section 1416, Nursing Home Administrator Program.

### FOR OFFICE USE ONLY

|                    |                       |                    |
|--------------------|-----------------------|--------------------|
| Check/MO NO. _____ | AMOUNT _____          | INITIALS _____     |
| Issue Date _____   | Expiration Date _____ | Session Date _____ |
| CF# _____          | PRE# _____            | CE# _____          |